

the remarks of Senator Jeffords and Senator Dorgan.

Interview With John Roberts of the Columbia Broadcasting System in New York City

October 7, 1999

Mr. Roberts. Mr. President, sir. Good to meet you; how are you?

The President. Good to see you.

Medicare Prescription Benefit

Mr. Roberts. So, you know the issue, sir. You've been trying to address it, the idea that there are 15 million senior citizens in this country who don't have Medicaid coverage for prescription drugs, Medicare coverage. What does it say about a country, sir, where many people have to go outside of the country to buy drugs that they can afford?

The President. Well, it's wrong, and it happens because we have about three-quarters of our senior citizens need prescription drugs that they simply can't afford. They don't have access to any coverage, or the coverage they have is too expensive and too limited. And in Canada and in many places, drugs made in America are cheaper than they are here because bigger units can buy discounts.

Now this proposal I made to reform Medicare is totally voluntary; no senior has to buy a prescription drug coverage if he or she doesn't want it. But if they do buy it, then a private group, not the Government, would be able to get the drugs at a lower cost because they would be buying them in bulk. And I think it's fair. It will not adversely affect the drug companies. It will increase their volume, even though the drugs, individually, will be cheaper. They will still come out way ahead. And our people will be treated more fairly, and they won't have to depend upon whether they're on the Canadian border to run across the line to buy drugs they can afford.

Import of Canadian Pharmaceuticals

Mr. Roberts. What do you think about the idea of allowing pharmacies to re-import drugs, parallel importing for senior citizens

and allow them access to the cheaper prices that they would pay in Canada?

The President. You're the first person that ever asked me that. I don't know. But I'll look into it. It's an interesting idea. I never thought about it.

Mr. Roberts. That's Congressman Sanders' idea. He has proposed to allow pharmacies to re-import drugs from Canada or Mexico. There has been some question as to whether or not that would be legal because of FDA regulations. But that's the idea that he is proposing.

The President. Well, if you could preserve their safety and quality, that there were some assurance of that, I would think it could be done. And it might work well along the Canadian border for Vermont, where Congressman Sanders lives, and for the other States along the border.

Then the further you get away from the border, the question is, will the transportation cost back more than offset the money that you would otherwise save? I don't know the answer. You're the first person that's ever asked me that. But I'll look into it.

Domestic Price for Pharmaceuticals

Mr. Roberts. Now, the drug companies have been saying that even under your plan, which would allow Medicare to buy drugs in bulk, it would decrease the revenue stream to the point where research and development would be stifled—I mean, would you look at the profits they've been making in the last few years—is that a legitimate argument?

The President. No. No, you know, they said that over and over and over again. American drug companies charge American citizens far more money for the same pharmaceuticals than they charge Europeans, Canadians, Mexicans, anyone else.

Mr. Roberts. Does that seem right?

The President. No. They say they do it because we bear the full cost of the research and development cost, and they can't put it off on any of the others because the Government controls the prices. That's what they say.

So I think if that's true, then the United States and its people have been awfully good to our drug companies. They've been willing

to pay higher prices for drugs made in America than people in other countries do, and I think they owe it to the seniors to get off this high horse and stop trying to beat this attempt to extend medical coverage to seniors for prescription drugs.

People that live on fixed incomes ought to be able to get the benefit of discounts you get when you buy in bulk. This is not Government regulation; this is market power. A lot of these drugs they have long since recovered the research and developments cost—long since. And I just think it's wrong for our people either not to be able to get them at all or to pay so much more than others do. And this is one way to sort of split the difference between their position that they need higher profits to invest in research and development and the very low cost that they can get if they happen to live close enough to the Canadian border to cross it.

So I would like to see Medicare cover prescription drugs on a voluntary basis so our seniors can get discount prices. It's very important—

Legislative Action

Mr. Roberts. The ideas that have been floated in the Senate, which ostensibly are voucher systems, would you agree with that type of system to pay for prescription drugs?

The President. Well, it wouldn't be as effective as the proposal we've made because it would be more difficult to get the benefit of discounts. And therefore, over a few years it would be harder to keep the premiums down. But as I said, I would like to see the Members of Congress in both parties engage with us on this. Let's work it through. Let's come up with something. You've got three-quarters of our seniors in trouble out there, and we ought to do something about it.

Mr. Roberts. In terms of national priorities, how important is this?

The President. Oh, I think it's very important. The big challenges facing our country right now, at the top of those challenges are what to do about the aging of America as more of us live longer—that means we have to save Social Security and reform and modernize Medicare; and the children of America—we have to give all of our kids a world-

class education with the most diverse student population ever.

Those are the big challenges we face. And to me this is a big part of it. You're going to have—the average 65-year-old person today has a life expectancy of 82. The people being born today, if the human genome project works out right, might have a life expectancy of 100. But if that's true, in order to maintain their quality of life and their health and not bankrupt the hospitals, we'll have to keep more and more of them well with the proper kind of drug treatment programs.

So you want the drug companies to be able to continue to pioneer new drugs, but they've got to be affordable, and they have to be accessible.

Mr. Roberts. Thank you for your time, sir, I appreciate it.

The President. Thank you.

NOTE: The interview began at approximately 3:40 p.m. at the Sheraton New York Hotel and Tower. A tape was not available for verification of the content of this interview.

Remarks on House Action on Patients' Bill of Rights Legislation and an Exchange With Reporters in New York City

October 7, 1999

The President. This afternoon the House of Representatives took an important and encouraging step in the effort to give the American people a real Patients' Bill of Rights. After rejecting watered-down legislation by substantial votes, the House voted by a large margin to approve a strong bipartisan Patients' Bill of Rights, sponsored by Congressmen Norwood and Dingell.

The passage of this bill represents a major victory for every family and every health plan. It says you have the right to the nearest emergency room care and the right to see a specialist. It says you have the right to know you can't be forced to switch doctors in the middle of a cancer treatment or a period of pregnancy. And it says you have the right to hold your health care plan accountable if it causes you or a loved one grave harm.